## STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES

|  |  |                        |   |   |   | IL, GAS AND M          |   |   | P   | MENDED REI | PORT  |          |  |
|--|--|------------------------|---|---|---|------------------------|---|---|---|------------|-------|----------|--|
| APPLICATION FOR PERMIT TO DRILL  |  |                        |   |   |   |                        |   | 1. WELL N                               | 1. WELL NAME and NUMBER Ute 27-1A-4-1   |            |       |          |  |
| 2. TYPE OF WORK  DRILL NEW WELL REENTER P&A WELL DEEPEN WELL   |  |                        |   |   |   |                        |   | 3. FIELD OR WILDCAT WINDY RIDGE         |   |            |       |          |  |
| 4. TYPE OF WELL Oil Well Coalbed Methane Well: NO  |  |                        |   |   |   |                        |   | 5. UNIT o                               | 5. UNIT or COMMUNITIZATION AGREEMENT NAME   |            |       |          |  |
| 6. NAME OF OPERATOR FINLEY RESOURCES INC   |  |                        |   |   |   |                        |   |   | 7. OPERATOR PHONE<br>817 231-8735   |            |       |          |  |
| 8. ADDRESS OF OPERATOR PO Box 2200, Fort Worth, TX, 76113  |  |                        |   |   |   |                        |   |   | 9. OPERATOR E-MAIL awilkerson@finleyresources.com                                       |            |       |          |  |
|  | L LEASE NUMBER                         | ₹                      | 5 BOX 2200, 1 OIL                             | OWNERSHIP   |   |                        |   | 12. SURFACE OWNERSHIP                   |   |            |       |          |  |
| (FEDERAL,  | 14-20                                  | <b>E)</b><br>-H62-4906 |   | FEDERAL INDIAN STATE FEE                                    |   |                        |   | FEDERA                                  | FEDERAL INDIAN STATE FEE  |            |       |          |  |
| 13. NAME OF SURFACE OWNER (if box 12 = 'fee')  |  |                        |   |   |   |                        |   |   | 14. SURFACE OWNER PHONE (if box 12 = 'fee')   |            |       |          |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')   |  |                        |   |   |   |                        |   |   | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee')  |            |       |          |  |
|  | ALLOTTEE OR TI                         | RIBE NAME              |   | 18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS |   |                        |   | 19. SLAN                                | 19. SLANT   |            |       |          |  |
| (II box 12 :   | = 'INDIAN')<br>Ute I                   | ndian Tribe            |   | YES (Submit Commingling Application) NO                     |   |                        |   | VERTICA                                 | VERTICAL DIRECTIONAL HORIZONTAL   |            |       |          |  |
| 20. LOCATION OF WELL FO  |  |                        |   | OTAGES  |   | QTR-QTR                | SECTION   | тои                                     | WNSHIP  | RANGE      |       | MERIDIAN |  |
| LOCATION AT SURFACE 468 F  |  |                        |   | NL 950 FEL  |   | NENE                   | 27  |   | I.0 S   | 1.0 E      |       | U        |  |
| Top of Uppermost Producing Zone 468 Ft   |  |                        |   | NL 950 FEL  |   | NENE                   | 27  |   | I.0 S   | 1.0 E      |       | U        |  |
| At Total Depth 468 FN  |  |                        |   | NL 950 FEL  |   | NENE                   | 27  |   | I.0 S   | 1.0 E      | U     |          |  |
| 21. COUNT  |  | INTAH                  | 22. DISTANCE TO NEAREST LEASE LINE (Feet) 468 |   |   |                        | 23. NUMB  | 23. NUMBER OF ACRES IN DRILLING UNIT 40 |   |            |       |          |  |
|  |  |                        |   |   | 25. DISTANCE TO NEAREST WELL IN SAME POOL<br>Applied For Drilling or Completed)<br>1060 |                        |   |   | 26. PROPOSED DEPTH<br>MD: 8000 TVD: 8000  |            |       |          |  |
| 27. ELEVATION - GROUND LEVEL 5253  |  |                        |   | 28. BOND NUMBER  RLB0011294                                 |   |                        |   |   | 29. SOURCE OF DRILLING WATER /<br>WATER RIGHTS APPROVAL NUMBER IF APPLICABLE<br>43-8496 |            |       |          |  |
| Hole, Casing, and Cement Information   |  |                        |   |   |   |                        |   |   |   |            |       |          |  |
| String   | Hole Size                              | Casing Size            | Length  | Weight  | Grad  | de & Thread            | Max Muc   | l Wt.                                   | Cement  | Sacks      | Yield | Weight   |  |
| Cond   | 17.5                                   | 13.375                 | 0 - 60  | 48.0  |   | I-40 ST&C              | 0.0   |   | Class G   | 41         | 1.17  | 15.8     |  |
| Surf<br>Prod   | 12.25<br>7.875                         | 8.625<br>5.5           | 0 - 500                                       |   |   | J-55 ST&C<br>J-55 LT&C | 9.5   |   | Class G<br>50/50 Poz  | 359<br>873 | 1.15  | 15.8     |  |
|  | 1.22 1.2.2 0.0 0 000 102 070 1.24 10.2 |                        |   |   |   |                        |   |   |   |            |       |          |  |
| ATTACHMENTS  |  |                        |   |   |   |                        |   |   |   |            |       |          |  |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES |  |                        |   |   |   |                        |   |   |   |            |       |          |  |
| WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER  COMPLETE DRILLING PLAN                   |  |                        |   |   |   |                        |   |   |   |            |       |          |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)                                      |  |                        |   |   |   |                        | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER |   |   |            |       |          |  |
| DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)                                   |  |                        |   |   |   |                        | TOPOGRAPHICAL MAP                                 |   |   |            |       |          |  |
| NAME Don Hamilton TITLE Agent  |  |                        |   |   |   | F                      |   |   | PHONE 435 719-2018  |            |       |          |  |
| SIGNATUR   | RE                                     |                        |   | DATE 01/23/2013   |   |                        | EMAIL starpoint@etv.net                           |   |   |            |       |          |  |
| 1  | er assigned<br>475353600               | 00                     |   | APPR  | APPROVAL  |                        |   |   | bacqill   |            |       |          |  |
|  |  |                        |   |   | F   |                        |   |   | Permit Manager  |            |       |          |  |

